



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**ATTORNEY DOCKET NO. 023971-0399**

Applicant: Shinichiro JOE et al.  
Title: SHIFT CONTROL APPARATUS AND METHOD FOR HYBRID TRANSMISSION APPLICABLE TO HYBRID VEHICLE  
Appl. No.: Unassigned  
Filing Date: April 2, 2004  
Examiner: Unknown  
Art Unit: Unknown

**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the non-provisional utility patent application of:

Shinichiro JOE  
Takatoshi KAWABE  
Tomoya IMAZU

Enclosed are:

- [ X ] Application Data Sheet (37 CFR 1.76) (3 pages).
- [ X ] Specification, Claim(s), and Abstract (93 pages).
- [ X ] Formal drawings (25 Sheets, Figures 1A-25).
- [ X ] Declaration and Power of Attorney (4 pages).
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Assignment of the invention to NISSAN MOTOR CO., LTD.
- [ X ] Claim for Convention Priority with 1 certified Japanese Priority Document.

Appl. No. Unassigned

☒ Information Disclosure Statement (2 pages).

☒ Form PTO/SB/08 with copies of 1 listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claim s	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total Claims:	34 -	20 =	14 x	\$18.00 =	\$252.00
Independents:	2 -	3 =	0 x	\$86.00 =	\$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$1022.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):				=	\$0.00
				TOTAL FILING FEE: =	\$1022.00
Assignment Recordation Fee:			+	=	\$40.00
				TOTAL FEE =	\$1062.00

☒ A check in the amount of **\$1062.00** to cover the filing fee is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By  34371

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Date April 2, 2004

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